# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029182
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 76

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0621
2 0620 2
3
4 1
5 1.
6
7 0
8 2
9 X
10
11 062
12 1-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 16 1963

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MADISON Co. Memorial Hosp — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN SACO, — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) STAR ROUTE — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ANNIE Middle VIVIAN Last HOVIS

4. DATE OF DEATH Month JULY Day 11 Year 1963

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-13-1911
9. AGE (last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) BOLLINGER Co. MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRI RAGSDALE
13b. MOTHER'S MAIDEN NAME MARY SLINKARD
14. NAME OF HUSBAND OR WIFE Roy S. HOVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of
16. SOCIAL SECURITY NO. [redacted]03
17. INFORMANT MARY WAGNER, Address STAR Route, SACO, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal injuries as a result of a automobile accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH immediate

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) unknown

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) auto accident
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 7/11/63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Hyway #67
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/11/63 to 7/11/63 and last saw her ~~him~~ ~~alive on~~ deceased
Death occurred at about 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. W. Delzeu (Degree or title) D.O
22b. ADDRESS Fredericktown Mo
22c. DATE SIGNED 7/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-13-63
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY
23d. LOCATION (City, town, or county) KNOB LICK (State) Mo.

24. FUNERAL DIRECTOR ADDRESS SAM NAJIM, Jr. FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG. 7-12-1963
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.